

Home Delivery Service **Application**

Name: _____

Apartment complex or facility name: _____

Address: _____ Apt. or Room: _____

City: _____ Zip: _____

Phone: _____ Birth date: ____ / ____ / ____

Email: _____

Please provide emergency contact information for a friend or family member, NOT a paid caregiver or care facility staff member.

Name: _____ Phone: _____

Email: _____

Which one of these best describes your situation?

I am primarily homebound and cannot travel to a Library location.

I am temporarily homebound, but expect to regain mobility within _____ months.

With some training, would you be able to use your computer to access the Library's online catalog to place your own holds?_____

Signature: _____ Date: _____

Your Preferences

Please circle the kinds of materials you are interested in borrowing:

Books

Regular Print or Large Print

Non-Fiction or Fiction

Audiobooks on CD

Non-Fiction or Fiction

DVDs

Magazines

Music CDs

How many items can you finish in one month? _____

Tell us about books (movies or music CDs) you love:

List the names of any favorite authors, actors, directors, or musicians:

Kitsap Regional Library Mobile Services

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Email: homedeliveries@KRL.org